



Please Return to:
EDD/Labor Market Information Division
Occupational Survey Group /Wage Research Unit
FAX (916) 262-2500

Please Check One:
☐ H-1B Professional
☐ Permanent Case

For forms or information:
<http://www.calmis.cahwnet.gov>, or *LMI On-Line* (916) 262-2227
Telephone (916) 262-2321

PREVAILING WAGE REQUEST FORM -- 10 WORKING-DAYS TURNAROUND

If the job is unionized and/or covered by a negotiated wage, use the negotiated wage and do not complete this Prevailing Wage Request Form.

1. Name of Employer _____

Alien's Name _____

2. Address Where Alien Will Work (including City (County) and Zip) _____

3. Nature of Employer's Business Activity	4. Title of Job Being Filled	5. Basic Hours Per Week	6. Basic Rate of Pay Offered \$ _____ Per _____
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7. Describe fully the job duties to be performed (Attach another page if needed)

8. State in detail the MINIMUM qualifications for a worker to perform satisfactorily the job duties described

9. Name of Requester _____ Telephone () _____ FAX () _____
Address (Number, Street, City or Town, State, Zip Code) _____

DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION

DOT Code _____, Survey Source _____.

Survey County _____, Region _____, Statewide _____, U.S. _____.

Date and/or Revision Date _____, Pg.# _____, Level _____.

☐ The prevailing wage for the job described above is \$ _____ per _____.

☐ We have received your request for a prevailing wage. Currently, there are no prevailing wage data available for the occupation in the geographical area which you have requested.

Research Analyst _____ Date _____.
Phone Number 1-(916)-262- _____.

THIS PREVAILING WAGE IS VALID FOR FILING APPLICATIONS AND ATTESTATIONS FOR 90 DAYS

FROM THE DATE OF THIS RESPONSE. IF YOU INTEND TO FILE A PERMANENT LABOR CERTIFICATION APPLICATION FOR THIS POSITION, PLEASE SUBMIT THIS COMPLETED PREVAILING WAGE REQUEST FORM WITH YOUR APPLICATION. IT MAY ASSIST IN EXPEDITING THE CASE.